

CLAIMS ONLY						Application Number <div style="font-size: 1.5em; font-family: cursive;">10/705672</div>		Filing Date	
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
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Total Indep									
Total Depend									
Total Claims									

10/705672

Filing Date

Applicant(s)

* May be used for additional claims or amendments